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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant : Lowell W. Mott et al.  
Serial No. : 09/772,708  
Filed : January 30, 2001  
Title : WELDING ELECTRODE AND METHOD FOR REDUCING MAGANESE IN FUME  
Docket : 483471-003  
Examiner : Elve, Maria Alexandra  
Art Unit : 1725

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Assistant Commissioner of Patents  
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**RESPONSE TO RESTRICTION REQUIREMENT**

In response to the restriction requirement dated March 26, 2002, the applicant hereby elects Invention I, claims 1-11, without traverse.

Respectfully submitted,

Mark P. Levy  
Reg. No. 27,922

THOMPSON HINE LLP  
2000 Courthouse Plaza NE  
10 West Second Street  
Dayton, Ohio 45402-1758  
(937) 443-6949

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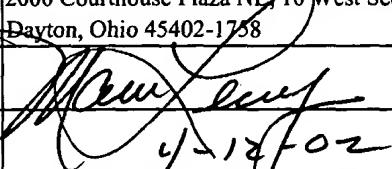
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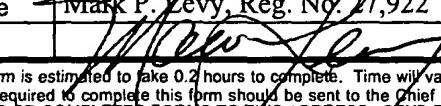
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<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/772,708
		Filing Date	January 30, 2001
		First Named Inventor	Lowell W. Mott et al.
		Group Art Unit	1725
		Examiner Name	Elve, Maria Alexandra
Total Number of Pages in This Submission	2	Attorney Docket Number	483471-003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Post Card</b>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thompson Hine LLP 2000 Courthouse Plaza NE, 10 West Second Street Dayton, Ohio 45402-1758
Signature	
Date	4-12-02

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